

Name
in
Full

Mary Jane Archibald

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kennedysville</i>		Town		<i>Kent</i>		County		MARYLAND	
Date of death 1902		Month <i>Dec</i>		Day <i>28</i>		Years <i>64</i>		Months	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Port Kennedy, Penn.</i>		Months		Days	
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housewife</i>							
Name of Wife or Husband <i>Wm Archibald</i>									
Father's Name <i>John Mc Mullin</i>		Father's Birthplace <i>Ireland</i>							
Mother's Maiden Name <i>Nancy Boyd</i>		Mother's Birthplace <i>Ireland</i>							
Name of person giving information		How related to deceased							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Locomotor ataxia</i>		How long <i>3 years</i>	
Immediate <i>Apoplexy</i>		How long <i>4 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>G Irvin Barwick M.D.</i>	
		Address <i>Kennedysville Md.</i>	
Accident or Suicide?			

Interment at Chester Cemetery.

Name In Full *Isaac Beck*

Town *Millington* County *Kent* *co* MARYLAND

Died at *Millington*

Date 19*02*, Month *11* Day *22* Age *65* Y. M. D. Native of *Mo* Occupation *Labourer*

Male *White* Married *Widow* Divorced *Single* Number of children living *1*

Husband of *Hannah Beck*

Wife *Hannah Beck*

Father's Name *Hannah Beck* Mother's Maiden Name *Hannah Beck*

Cause of Death { Primary *Bright disease* Immediate *4 years* How long sick *4 years* Accident, Suicide, Homicide

Reported by *H. C. C. 120*

Address *Millington*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male
FemaleWhite
ColoredMarried
SingleWidow
WidowerDivorced
Number of children living

2

Husband
of

Wife

Father's
Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name in Full

Certificate of Death

Elizabeth Bradley

Died at

4 year
GalenaCounty
Kent

101

MARYLAND

1902

Month Day

Y M D

Native of

Occupation

Date 189

Dec. 8

Age 16

Kent Co

Laborer

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~Husband
of
WifeFather's
Name

William Bradley

Mother's
Name101
Georgiana Dudley

Cause of

Primary

Tonsillitis

How long sick

6 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Edward A. Scott, M.D.

Address

Galena

Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85988



Alice Dixon

Died at ^{Town} Galena ^{County} Kent MARYLAND

Date 1902 ^{Month} Dec ^{Day} 26 ^{Age} 22 ^{Y.} ^{M.} ^{D.} ^{Native of} Kent Co ^{Occupation} Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~
Female Colored Single Widower Number of children living 3

Husband of Joseph Dixon Jr
 Wife
 Father's Name Emory Leamp Mother's Name Susan Wilson

Cause of Death { Primary Typhoid Fever
 Immediate Intestinal Hemorrhage

How long sick 26 Days
 Accident, Suicide, Homicide

Reported by Edward A. Scott, M.D.

Address Galena Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ada May Wryer

Died at Fairlee Kent

MARYLAND

Date 1902. Month Dec Day 15 Y. 30. M. 9. D. Native of Kent. Occupation Home work

Male

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living 2.

Husband

of

Wife Edward Wryer

Father's Name John L. Hudson Mother's Name Anna M Long

Cause of Primary Pulmonary Interference How long sick 3 mos.

Death

Immediate

Asthma

Accident, Suicide, Homicide

Reported by Frank W. Smith M.D.

Address Fairlee Kent Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Mrs Elburn

Town

County

Died at

Rock Hill Kent Co.

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Dec. 23

Age

13

hus.

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

John W. Elburn

Mary Smith

Cause of

Primary

Catarrh 151

How long sick

4 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

W O Seely M.D.

Address

Rock Hill Kent Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Died at

Date 1902

~~Male~~

Female

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

~~Divorced~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MARYLAND

LIBRARY BUREAU, 79896



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Robert Westford Sullivan</i>		Town <i>Davis</i>		County <i>Kent</i>		MARYLAND	
Died at		Date of death 190 <i>7</i>		Month <i>Dec.</i>	Day <i>31</i>	Years <i>44</i>	Months <i>5</i> Days <i>6</i>
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>N.C.</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Laborer</i>					
Name of Wife <i>Susan Fawcett</i>							
Father's Name <i>William Henry Sullivan</i>		Father's Birthplace <i>N.C.</i>					
Mother's Maiden Name <i>Sarah E. Lively</i>		Mother's Birthplace <i>N.C.</i>					
Name of person giving information <i>W. H. Sullivan</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Ulcerated sore throat.</i>	How long <i>4 days</i>
Immediate <i>Tonsillitis.</i>	How long <i>74 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. Norton Kelly</i>
	Address <i>Hemedyville, Md.</i>
Accident or Suicide? <i>No</i>	

this card

Chesterville

Name in Full

Certificate of Death

William May Fowler

Town

County

Died at

Chestertown

Kent

MARYLAND

Date 1892 Month 12 Day 24 Age 17 Y. — M. — D. — Native of Kent Occupation None
 Male White Married Widower Divorced
 Female Colored Single Widower Number of children living

 Husband
 of
 Wife

 Father's Name
 Wm Fowler

 Mother's Name
 Jenni Garrett

Cause of

Primary

Tuberculosis of Lungs

How long sick

1 year

Death

Immediate

Hemorrhage

Accident, Suicide, Homicide

Reported by

Wm Frank Harris MD

Address

Chestertown

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Manta Hamilton

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Chestertown Kent

Age

1

11

Kent Co

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widow~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Samuel Hamilton

Julia Summerville

Cause of

Primary

Bronchitis 90

How long sick

1 week

Death

Immediate

Edema of Lungs

~~Accident, Suicide, Homicide~~

Reported by

H. G. Rimpers

M. W.

Address

Chestertown

Kent Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name
in
Full

Marthio Houserton

CERTIFICATE OF DEATH

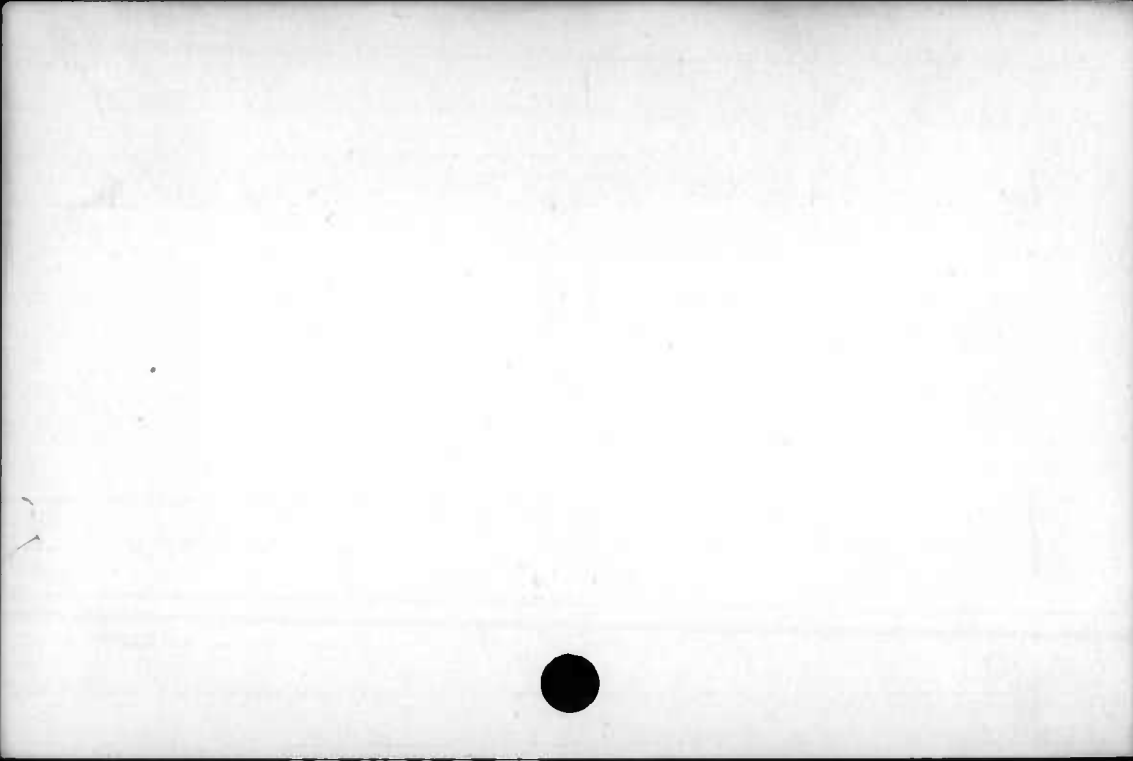
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Betterton</i>		County <i>Kent.</i>		MARYLAND	
Date of death 190	2	Month	<i>Dec.</i>	Day	<i>28</i>	Age	Years <i>42</i> Months <i>—</i> Days <i>—</i>
Sex	<i>Female</i>		Color or Race	<i>Col.</i>		Birth-place	<i>Md.</i>
Marrled, Single or Widowed	<i>Married</i>			Occupation <i>—</i>			
Name of Wife or Husband <i>James Houserton</i>							
Father's Name <i>James Jones</i>						Father's Birthplace	<i>Md</i>
Mother's Maiden Name <i>Corral Kinggold</i>						Mother's Birthplace	<i>Md</i>
Name of person giving information <i>Will H. Houser</i>						How related to deceased	<i>11 years</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer</i>	How long	<i>14 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>James W. White</i>
		Address	<i>8 till Pond</i>
			<i>Md.</i>
Accident or Suicide?			



Certificate of Death

Husband of Wife Father's Name	Thos. F. Hurlock Jacob Howell Maiden Name		Mother's Rebecca Price
Cause of	Primary	104	How long sick 7 hours.
Death	Immediate	Acute infectious	Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Baby Jones
near Still Pond

Town

County

Kent

MARYLAND

Date

of death 1902

Month

Dec

Day

14

Age

Years

Months

Days

Sex

Girl

Color or
Race

Col.

Birth-
place

near Still Pond

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

John W. Jones

Father's
Birthplace

Kent Md

Mother's
Maiden Name

Julia Bright

Mother's
Birthplace

Kent Md

Name of person giving
information

John W. Jones

How related
to deceased

Father

CAUSES OF DEATH

Primary

unknown

How long

1 day

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

151

Address

Jas. W. Thrie
Still Pond
Md

Accident or Suicide?

—

PHYSICIAN
OR CORONER

mt zion

Frank Morris
 Town County *Kent* MARYLAND
 Died at *Hammermill*
 Date 190*2* Month *Dec* Day *24* Y. *14* M. *2* D. *2* Native of *W.D.* Occupation *Laborn.*
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~
 Father's Name *William Morris* Mother's Maiden Name *Julia Bordley*

Cause of Death { Primary Immediate *Low Heart* 9 How long sick Accident, Suicide, Homicide

Reported by *J. Norton Riley, M.D.*
 Address *Hammermill, Kent Co., Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

W. J. J. J.

Name
in
Full

Barnette Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Chester		County Kent.		MARYLAND	
Date of death 1902		Month Dec.	Day 29.	Age 68.	Years	Months	Days
Sex Female		Color or Race Black.		Birth- place Kent Md.			
Married, Single or Widowed		Widow.		Occupation			
Name of Wife or Husband		Frederick Nichols					
Father's Name		Henry Thomas.				Father's Birthplace Kent. Co	
Mother's Maiden Name		Cecilia Davis				Mother's Birthplace Kent Co	
Name of person giving information		John Bailey				How related to deceased Son,	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia. Infection.		How long	2 years.
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician L W Wheland M.D.	
			Address Chester Town Md.	
Accident or Suicide?				



Name in Full

Certificate of Death

Jane Nickles
 Town County

Died at

MARYLAND

Date 1902 Dec. 26
 Male White
 Female Colored
 Age 57 1/2
 Married Single
 Widower
 Native of
 Occupation
 Divorced
 Number of children living 7

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Walter Scott, Register.

Town

County

Died at

Lassafraus

Kent

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Dec 14

Age

28

Md

Farmer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Joshua, Register.

Mother's

Name

Sarah J. Henry.

Cause of

Primary

Pneumonia

How long sick

4 days

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

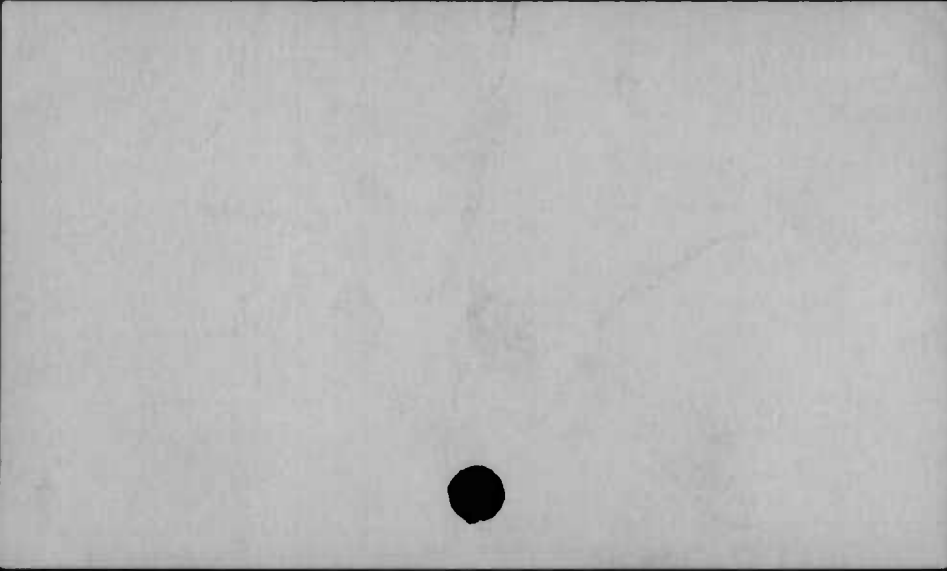
W M Jeter, M.D.

Address

Lassafraus, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968



Died at

Date 19

Male

Female

Husband
of

Wife

Father's
Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Unknown

How long sick

Accident, Suicida, Homicide

Reported by

Address

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

Abraham Riley

Town Lassapas County Kent State

MARYLAND

Month Day

12 16

Y. M. D.

Age 80

Native of

Kent Co md

Occupation

Labor

Married

Widow

Divorced

Widower

Number of children living

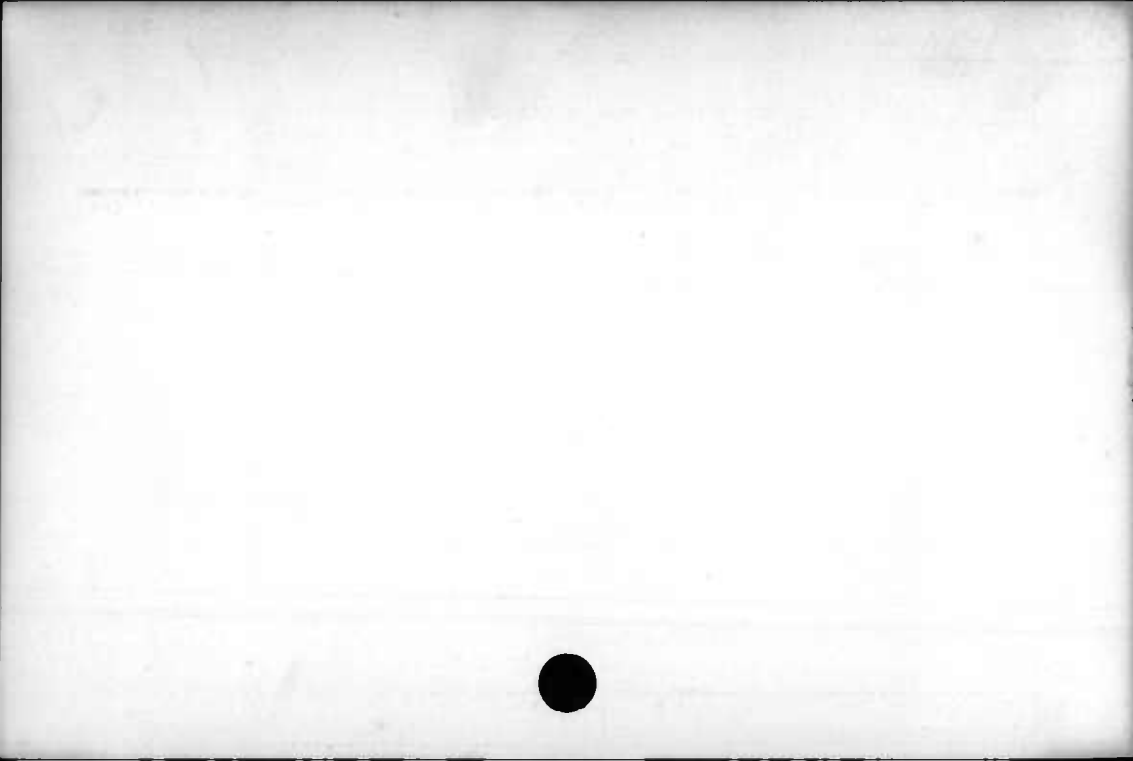
154

Reported by Dr W. M. Jeter m.d.

Address Lassapas Kent Co md



Name in Full		Doris Victoria Rollins				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Still Pond ^{Town}		Kent ^{County}		MARYLAND
	Date of death 190	2	Month	Dec	Day	21	Age
					Years		Months
							Days
Sex	Female		Color or Race	Wol.		Birth-place	Still Pond Md
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	
Ernice Rollins						Md	
Robert Rollins						Grandfather	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary					How long	
	Unknown 179						
	Exhaustion					How long	
						5 Weeks	
Are the name, age, sex, color, date and place correctly given above?					Signature of Physician		
Yes					Jay W. Urie		
					Address		
					Still Pond		
					Md		
Accident or Suicide?							



Name
in
Full

William A. Saffington

CERTIFICATE OF DEATH

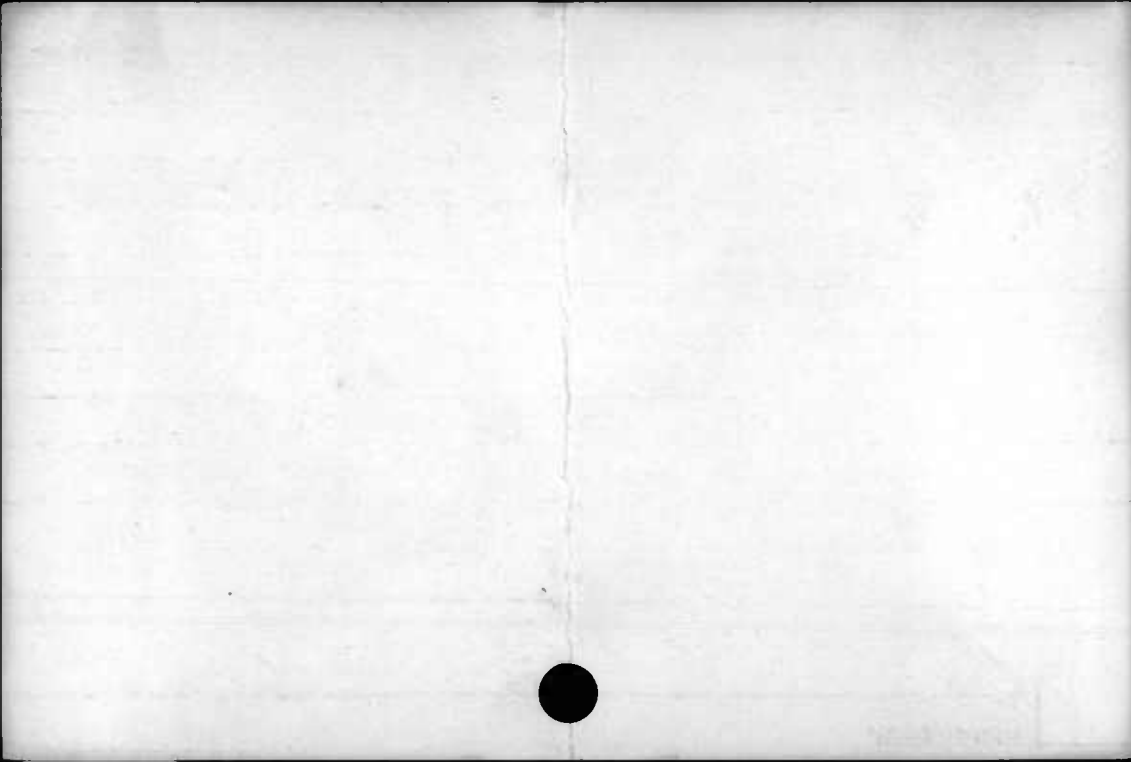
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Melittown</i>		Town		County <i>Kent</i>		MARYLAND	
Date of death 190 <i>2</i>		Month <i>Dec</i>		Day <i>1</i>		Age <i>73</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Kent Ce Md</i>			
Married, Single or Widowed <i>Married</i>		Occupation					
Name of Wife or Husband <i>Nellie Saffington</i>							
Father's Name <i>Do not know</i>				Father's Birthplace <i>Do not know</i>			
Mother's Maiden Name <i>Do not know</i>				Mother's Birthplace <i>Do not know</i>			
Name of person giving information <i>Nellie Saffington</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Slight Paralysis</i>		How long <i>One year</i>	
Immediate <i>Seizure</i>		How long <i>10 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John H. Hersey</i>	
Accident or Suicide?		Address <i>Hanesville Md</i>	



Name in Full

Certificate of Death

Blanch Scott

Town

County

Dec 7 1902

Died at Galena

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Date 1902

Dec 6

Age

15

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's Name Benjamin Scott

Mother's

Name Maiden Name

Lizzie Smith

Cause of Primary

Cardiac - Asthma

How long sick

4 days

Death Immediate

Accident, Suicide, Homicide

Reported by

Address

John Galdano. 179
Galena Kent Co Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Shrewsbury

Name In Full

Certificate of Death

Sallie Jane Slagle

Died at

Town *Chestertown* County *Kent Co*

MARYLAND

Date 1902

Month *Dec* Day *28*

Age

Y. *73* M. *2* D. *12*

Native of

Caroline Co.

Occupation

Housewife~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

3~~Husband~~
of

Wife

Wm T. Slagle

Father's

Name

Leaserton

Mother's

Maiden Name

Nancy Hall

Cause of

Primary

Mitral regurgitation

How long sick

1 yr

Death

Immediate

Asthma 79~~Accident, Suicide, Homicide~~

Reported by

H. G. Simpers M D

Address

Chestertown Kent Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Irvin Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kennedysville</i>		Town <i>Kennedysville</i>		County <i>Hunt Co</i>		MARYLAND	
Date of death 1902	Month <i>Dec</i>	Day <i>27</i>	Age	Years <i>—</i>	Months <i>2</i>	Days <i>15</i>	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>James Taylor</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Martha Wickerson</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>James Taylor</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Eutero Colitis</i>	How long <i>6 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>105</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. I. Barnick</i>
	Address <i>Kennedysville Md</i>
Accident or Suicide?	

Galena.

Name in Full

Certificate of Death

Bele Thomas

Town

County

Died at

MARYLAND

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date

12 21

Age

47 3

Kent E.

House Supt

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~

Widow:

Number of children living

0

Wife of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Cancer of Womb

Exhaustion

How long sick

8 months

~~Accident, Suicide, Homicide~~

Reported by

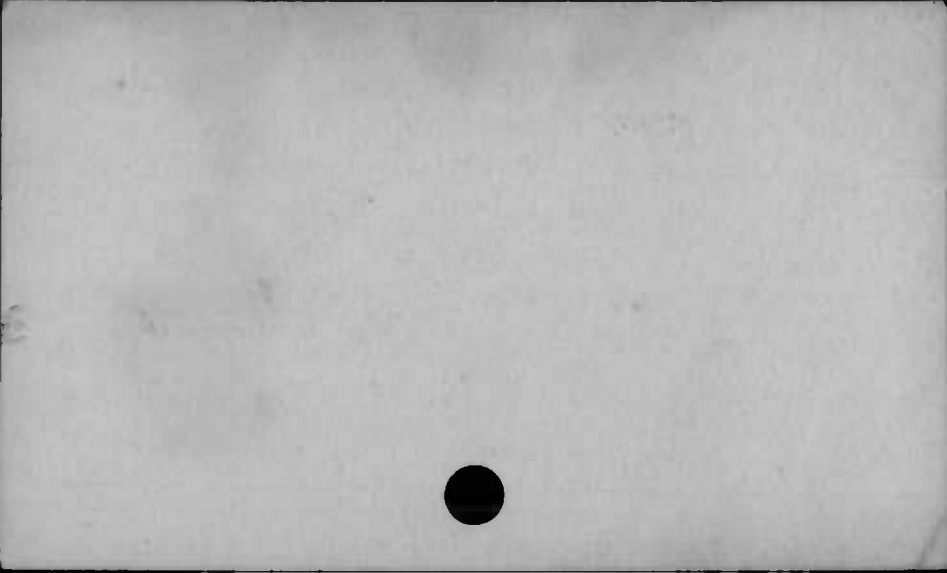
W. Frank Hines MD

Address

Chestertown

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or ministar.



Name in Full

Certificate of Death

Died at

Date 1909

Male

Female

Husband of

Father's Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Single

Widow

Widower

Divorced

Number of children living

Mother's

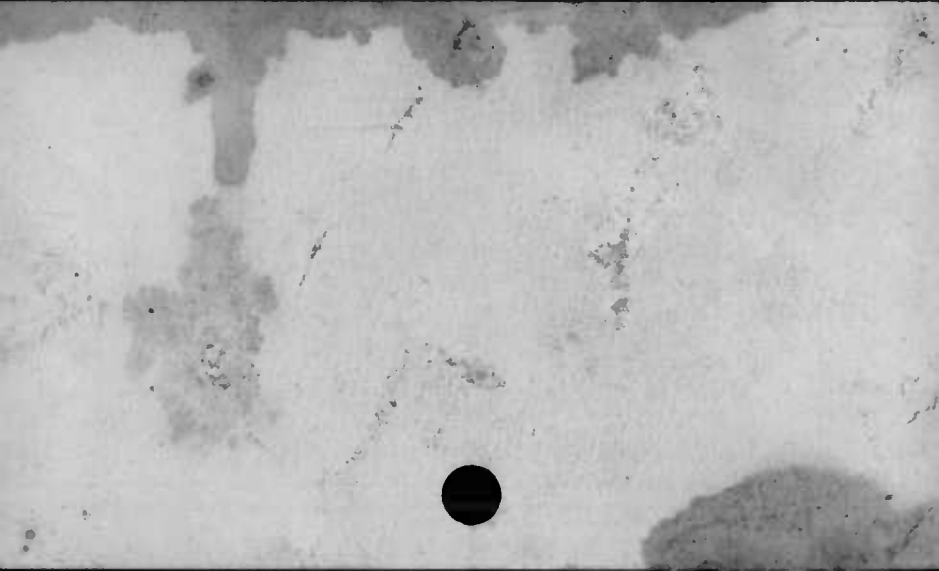
Maiden Name

How long sick

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

George Oliver Warner

Town

County

MARYLAND

Died at Edersville

Kent

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	Dec.	25	7	3		Maryland	
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower			Number of children living	

Husband of

Wife

Father's Name	Mother's Maiden Name
Albert Warner	Josephine Stephens

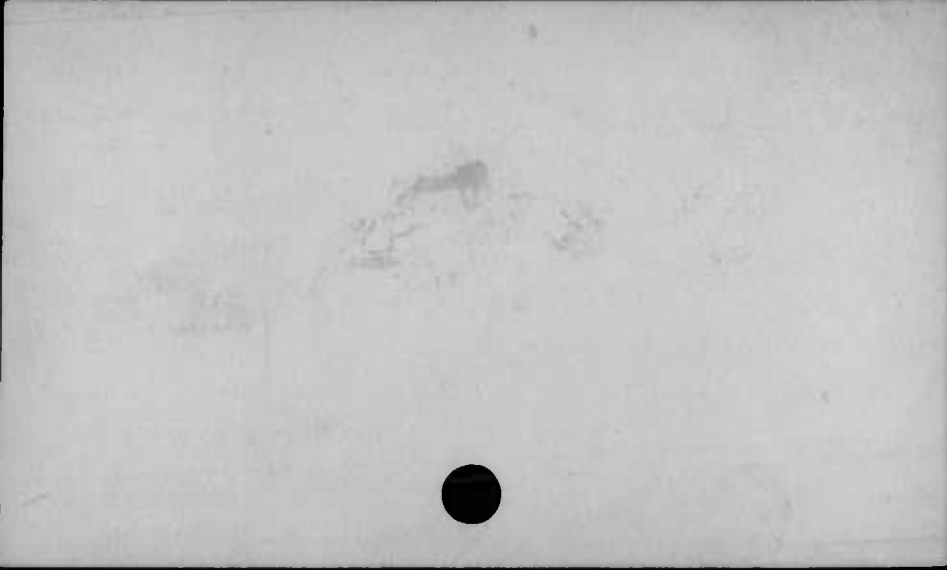
Cause of	Primary	How long sick
Death	Immediate	1 yr
		Accident, Suicide, Homicide

Reported by J. M. Willson

Address Edersville to Kent Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Herrman Mrie
 Died at Rock Hall Kent Co MARYLAND
 Town County

Date 19 02 Dec 19 19 Age 0 0 1 mo
 Month Day Y. M. D. Native of Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

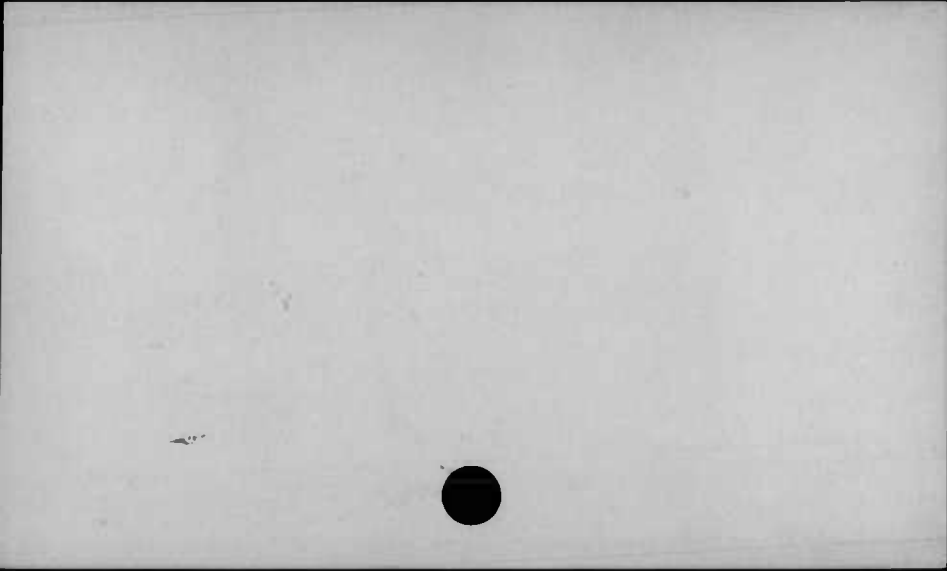
Wife

Father's Name Geo. P. Mrie Mother's Maiden Name Bessie Waltemeyer

Cause of Death Primary Immediate 151 How long sick 1 day
 Accident, Suicide, Homicide

Reported by Geo. P. Mrie - Parent
 Address Rock Hall Kent Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Margaret E. Wright

Died at

Town

Salena

County

Kent

MARYLAND

Date 1902

Month

Day

Dec 28

Y.

M.

D.

Age 29-4-28

Native of

Kent Co

Occupation

Housewife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

—

Husband of

Alfred Wright

Wife

Father's

Name

Arthur Beault

Mother's

Maiden Name

Hester A. Harlow

Cause of

Primary

Pregnancy

Death

Immediate

Erasemia

How long sick

21 days

Accident, Suicide, Homicide

Reported by

Edward A. Scott, M.D.

Address

Salena

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Infant*
 Died *near* *Gale* Town *Gale* County *Kent* MARYLAND
 Date 19*02* Month *Dec* Day *27* Y. M. D. Native of Occupation
 Male *White* Married *Widow* Divorced
 Female Colored Single *Widower* Number of children living

Husband of

Wife

Father's Name *Alfred Wright* Mother's Maiden Name *Maggie Lealk*

Cause of Death { Primary *Still Born* Immediate
 How long sick *S.*
 Accident, Suicide, Homicide

Reported by

Address

Reported by *C. A. Scott, M.D.*
 Address *Gale* *Wet.*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

